


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A22652</b> 1. Entity Name <b>BUENAVENTURA LAKES SHOPPING CENTER, LTD.</b>					
Principal Place of Business <b>550 BILTMORE WAY #1110</b> <b>CORAL GABLES, FL 33134</b>			Mailing Address <b>550 BILTMORE WAY #1110</b> <b>CORAL GABLES, FL 33134</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent <b>ROSA ECKSTEIN SCHECHTER</b> <b>550 BILTMORE WAY</b> <b>#1110</b> <b>CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record <b>\$10.00</b>			10. Amount of Capital Contributions in FLORIDA to date		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	<b>M32158</b>		STREET ADDRESS		
NAME	<b>BUENAVENTURA LAKES SHOPPING CENTER, INC.</b>		CITY, ST, ZIP		
STREET ADDRESS	<b>550 BILTMORE WAY, #1110</b>		CITY, ST, ZIP		
CITY, ST, ZIP	<b>CORAL GABLES, FL 33134</b>		CITY, ST, ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
<b>SIGNATURE:</b> <i>Bernard Eckstein</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <b>4-15-04</b> <small>Daytime Phone #</small>		

STAPLE CHECK HERE

Bernard Eckstein

(305) 461-3190